

METRO ATLANTA REPORTERS, INC.
TRANSCRIPT ORDER FORM

Date of Deposition: _____ Name of Deponent (s) _____

Attorney's Name: _____ Attorney Signature: _____

PLEASE CHECK ALL THAT APPLY:

Takedown Only: _____ (I do not wish to have the transcript produced at this time)

Full-size copy: _____

Condensed copy: _____

Etranscript: _____ *No charge when ordered in conjunction with hard copy (Viewer included)

PDF full-size: _____ *No charge when ordered in conjunction with hard copy.

PDF condensed: _____ *No charge when ordered in conjunction with hard copy.

Atty/Paralegal email address: _____

EXPEDITING:

We guarantee a 10-business day delivery of your transcript. However, we offer expediting as well.

Overnight: 100% plus cost of transcript _____

1 business day: 90% plus cost of transcript _____

2 business days: 80% plus cost of transcript _____

3 business days: 70% plus cost of transcript _____

4 business days: 60% plus cost of transcript _____

5 business days: 50% plus cost of transcript _____

